



RECEIVED
JAN 21 2003 16.00 \$
TECH CENTER 1600/2003

Approved for use through 10/31/2002 OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/557,098
Filing Date	4/21/2000
First Named Inventor	Elena Luriya
Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	113.002

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8,

1. **Submission required under 37 CFR §1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on herewith 1/10/ 2003
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No: _____

i. ☒ RCE fee required under 37 CFR §1.17(e)

ii. ☐ Extension of time fee (37 CFR §§1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☒ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)

Rashida A. Karmali

Registration No. (Attorney / Agent)

43,705

Signature

Rashida A. Karmali

Date

1/10/2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark

Name (Print / Type)

Rashida A. Karmali

Signature

Rashida A. Karmali

Date

1/10/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.



RECEIVED
JAN 21 2003
TECH CENTER 1600/2900

Docket No. 113.002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Luriya, Elena et al.

SERIAL NO.: 09/557,098

Group Art Unit: 1615

FILED: April 21, 2000

Examiner: Kishore, G.

FOR: IMPROVED PERSONAL CARE FORMULATIONS

15/Pie B
clm
1-10-03

Best

1-29-03

AMENDMENT AFTER FINAL-37 C.F.R. 116

Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Action dated October 10, 2002, Applicants submit the following Amendments. Claims 1, 5, and 12-30 are under consideration.

Reconsideration is respectfully requested in view of the following points.

IN THE CLAIMS

Amend the following claims:

1. A formulation for application to a mucosal tissue selected from the group consisting of nasal, ophthalmic, oral cavity, gastrointestinal, respiratory, vaginal and rectal, the formulation comprising

(a) a biologically active agent selected from the group consisting of antibiotic, antiviral agent, antifungal agent, disinfectant, nutrient, anti-inflammatory agent, local anesthetic and essential oil; and

B1